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of cardiac involvement are always marked in advanced cases, the pulse becoming gradually more rapid, feeble and running; finally it cannot be felt. Gallop rhythm of the heart sounds are frequently observed. Death takes place from cardiac paralysis and exhaustion. The patients frequently succumb after slight physical exertion, such as sitting up in bed to take nourishment or on being moved. A few hours before death, the temperature often declines to below normal. Delirium and coma are frequently present before death. The urine in the later stages may show the presence of albumin. Bloody diarrhoea is occasionally observed. In the primary septicaemic cases, the course of the disease is very rapid. There may be no manifestations of disturbances of the lung. The cardiac symptoms are very prominent. The patients soon pass into a comatose condition and die. The duration of the disease is usually less than two days, though many cases did not live longer than sixteen hours after the onset of the symptoms. Cases sometimes survive for three and, more rarely, for four days. In no case reported was the duration over one week.

Prognosis and treatment. No method of treatment appeared in any way to have been successful. Treatment with serum seemed, in a few instances to have prolonged the illness.

THE RELATION OF MENTAL TO PHYSICAL WELFARE IN A PATIENT¹

By JANE P. COX, R.N.

Natchez, Miss.

In our war with sickness, the mind suffers as well as the body, and I venture the statement that, with all our superb equipment to minister to physical needs, most of the failures of good physicians and nurses are due to their ignorance of or indifference to the patient's mental needs.

Let us consider first that most easily-determined of the patient's psychic processes, his attitude, by which I mean his behavior or conduct. It is this relation to sickness and treatment which we should understand and be able to influence.

Illness is an abnormal condition. How quickly the spirits droop under the touch of even a mild illness. The body is a sensitive instrument, sensitive to every touch of the mind. We do not question today the direct and positive influence of the mind upon the circula-

¹ Read at the fifth annual meeting of the Mississippi State Association of Graduate Nurses, October 29, 1915.

tion, blood pressure, secretory glands, digestion, respiration and nervous reaction. The interdependence of mind and body is now so obvious that we are indeed to blame if we neglect in study and treatment either of the twain.

"Health is fundamentally a mental state." We can class patients in two groups: one, the salt of the earth recognizing their duty to others, whether sick or well; the other weaklings, that great army for whom sickness constitutes the excuse for failure. The normal attitude of the patient is uncommon. What a joy, yes, an inspiration, is the hopeful coöperative patient, feeling and expressing gratitude for the earnest and faithful services of his nurse and physician. Why are not more patients hopeful? The tendency of disease is toward recovery. The average person is probably ill several times, he dies but once.

It would appear that if the patient possessed reason, he would have faith in the principles and details of his treatment and would coöperate with his nurse and physician in their efforts to restore health; but trusting, coöperative well men are not common, and sickness all too frequently changes even their attitude.

The disorders of attitude are so numerous we will only consider a few; namely, the selfish, the indulged, the sensitive, the indifferent, the lazy, the impulsive, the hopeless, the conceited, the supersitious and the depressed.

The selfish patient is, perhaps, one of the most common types. With the advent of sickness he becomes the center of his little universe and there is nothing too good for him or too bad for the rest of us. Some of the most difficult cases of chronic nervous illness prove to be a disability-increasing partnership between the selfish patient and an over-loving parent. Many a physically sound neurotic has lived in fat and plenty on the slavery of a toiling and loving family.

With the sensitive patient, it's a pain here, a discomfort there, an ache, a burning, an itching, a throbbing, an unbearable weight, a choking, a fullness, a giddiness, a misery, the worst ever, never-ceasing, agonizing, excruciating. These with all adverbial modifiers constitute the sensitive patient's description of life. The poor mind feeds upon itself. How one longs to rub this patient in the soil of honest work until simple bread and meat and a couch on the bosom of mother earth stand for happiness. The sensitive patient is often the indulged patient and here she comes—they're carrying her up the hospital steps and oh! so gently they deposit her in her room. Now there's hurrying and scurrying to open this window and lower that; to wrap this rug about her feet; shade her eyes; get her pillow under her back; loosen her dress at the neck; give her something to revive her; fan her; rub her

hands. Oh yes, she can keep two nurses and two doctors on the jump. Poor thing, she has been traveling twenty-four hours and is all worn out! A hundred and eighty pounds and what a mess of protoplasm it is! Look at her coddling apparatus: a special time-worn back-pillow, three hot water bottles, several varieties of soap, one for her face and hands and another for her feet; smelling salts, drinking glasses and tubes, and other articles too numerous to mention. Then there are her medicines, eighteen separate forms of medicine for eighteen several disorders, all numbered and labeled with their respective objects. There are constipation medicine, diarrhea medicine, medicine for gas in the stomach and gas in the bowels, headache medicine, backache medicine, tablets for vesical irritability, liquid for renal inactivity, medicine for chills, medicine for biliousness, sleep medicine and, last and most prized of all, medicines for gallstone colic, always kept near the patient in her handbag.

How would you like undertaking the rehabilitation of one so possessed, so chronic?

I will tell you how one such as I have described was treated. The patient was isolated with a trained nurse. In his first visit to the patient, the physician in a clear and forceful manner explained how all her aches, pains and diseases, so called, were but manifestations of a central nervous defect, termed hypersensitiveness. A careful explanation was made of the unquestioned suffering of the nervous system and it was shown how a poisoned nervous system could reflect its discomfort into every part of the body and that instead of the eighteen medicines to inadequately control eighteen disorders, she would be given one medicine which, as the days went on, would mitigate the sensitiveness, the mother of all her pains. This one medicine was half a teaspoonful of tincture of asafoetida in one-fourth cup of hot water, every half hour, p. r. n. Each day she was forced to give up some of her coddling apparatus, first the special back-pillow, then one hot water bottle went, then another; windows were gradually opened and the shades raised and later a few shocking drops of cool water were added to her bath. The second psychic lesson she comprehended was that she had made her nerves her enemies and not her friends and the third and hardest was that liberty from her thralldom lay in the welcoming of the uncomfortable and in conquering her almost insane sensitiveness by deriving satisfaction from her ability to stand one discomfort then another.

From a high proteid diet she was reduced to calories adequate to her real needs. There was many a fight between inclination and her new conceptions. There were miserable half hours now and then, yes,

there was open rebellion, but the nurse pursued the even tenor of her way and orders were carried out to the letter on the minute. In seven weeks she was taking her first feeble steps, four months later, at the end of her treatment, she was walking two miles a day and doing some house work. This woman could not have been cured at home. She was of a highly suggestible type, (and it was to this suggestibility that the rapid recovery was due), it was necessary for her to be surrounded by an absolutely new atmosphere, where all possible suggestion of the old life was shut out and where she was shut in with rational, wholesome, health-making ideals. Home should be, but too often is not the best place for the nervous patient.

The indifferent, apathetic, patient appeals strongly to our desire to help. He may be dull of wit and hopeless. More often he is an unfortunate who needs the stimulation of our hope.

The lazy patient is not so tragic a figure, yet in the face of many chronic illnesses, hard work on the patient's part is the only possible avenue to restoration. Sickness breeds laziness and again nature takes revenge on a life of inactivity; inactivity is discordant with life.

How often our most nicely-wrought calculations come to grief through some vagaries of the impulsive patient. Under your influence the course of treatment is most enthusiastically entered upon; a whim, and it is off! Impulse follows impulse and the nurse who tolerates such conduct is a Job or a dawdler. The impulsive patient has never mastered self, for self mastery implies progress toward a better self, mental or moral.

How our hearts are touched in the presence of the hopeless patient! Hopelessness is a mental pitfall dug by those who live with their failures. If we can turn the eyes of these sufferers from the past to the future, there are indeed few to whom we could not extend some ray of hope.

Some of the most entertaining of our patients are the conceited sufferers. They form two groups—those whose feats in illness have never been equaled, whose cases have never been understood, their conceit is of their suffering. The second group is larger, possibly, and embraces those whose opinion of their own judgment is so exalted that they can rarely agree with you and when, grudgingly, they accept your direction you may be sure they will show you that you are wrong. Of little worth is your ability in their hands, for it is generally some advice of theirs which you followed that successfully terminated their illness.

How potent is superstition in its grip upon the sick! Simple as seem these gross superstitions, let us not forget that many of the intelli-

gent are secretly influenced by unreasoning fear of the supernatural, luck, or omens, and cannot coöperate with treatment contrary to these fears.

The depressed patient is to be pitied. We are too prone to thoughtlessly, and sometimes impatiently, attempt to "jolly" these poor sufferers or ridicule them into a different attitude. The depressed patient is suffering mental pain and a few moments given to thoughtful, sympathetic analysis of the cause of this attitude will often help the patient.

In conclusion I wish to say a few words in regard to the insane. Notwithstanding the great change which has taken place in the opinion and practice with regard to mental diseases within the last century, there are still persons who, if invited to visit an insane hospital, would look on the proposal in much the same way as a proposal to visit the zoo and inspect the wild beasts. To me one of the saddest chapters in human history is that which describes the cruel manner in which the insane were treated in times gone by. Happily that is a thing of the past. It would certainly be vastly convenient and would save a world of trouble, if it were possible to draw a hard and fast line and to declare all persons who were on one side of it sane, and all persons who were on the other side of it insane, but a very little consideration will show how vain it is to attempt to make such a division. That nature makes no leaps, but passes from one complexion to its opposite by gradations so gentle that one shades imperceptibly into another, and no one can fix positively the point of transition, is true in respect of sanity and insanity. Insanity does not mean one disease to be diagnosed by a single mark, but a variety of diseases, each of which has more or less characteristic features, its special course, and, more or less, its special cause, and its particular termination. As every case of mental disease is a law unto itself, so must each be individualized and treated upon its own merits. There can be no wholesale management. Quickness of perception, kindness, tact and good judgment are qualities indispensable to the success of the nurse who cares for the insane. Kindness (and this implies thoughtfulness, attentiveness, conscientious devotion; sentiments which find their reflex in judicious, well-directed effort); finds its chief expression in good deeds.

I deplore the fact that many of us shirk nursing the insane. From among nurses caring for the insane, whom I have known, there might be constituted a group, than whom none could be more loyal, true, devoted and self-sacrificing. If their merits have sometimes seemed to fail of appreciation they at least are entitled to the comfort that springs from the reflection, "Charity ever finds in the *act*, reward."